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NEWS	7	FEB 16	INPADOCDB and INPAFAMDB Enriched with New Content and Features
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=> file medline biosis caplus embase
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=> s (XX or YY) and disomy
L1          403 (XX OR YY) AND DISOMY

=> s l1 and male
L2          230 L1 AND MALE

=> s l2 and (follicle(w)stimulating(w)hormone or FSH)
L3            6 L2 AND (FOLLICLE(W) STIMULATING(W) HORMONE OR FSH)

=> dup rem l3
PROCESSING COMPLETED FOR L3
L4            2 DUP REM L3 (4 DUPLICATES REMOVED)

=> dis ibib abs l4 1-2

L4   ANSWER 1 OF 2     MEDLINE on STN                    DUPLICATE 1
ACCESSION NUMBER:    2008765164     MEDLINE
DOCUMENT NUMBER:     PubMed ID: 19032689
TITLE:               Sperm disomy in idiopathic severely
                     oligoasthenoteratozoospermic males.
AUTHOR:              Moemen M N; Mostafa T; Gadalla A M; Abbas M; Ismail H F;
                     Abd El-Hamid M F; Abdel Salam M F
CORPORATE SOURCE:    Department of Andrology & Sexology, Faculty of Medicine,
                     Cairo University, Cairo, Egypt.
SOURCE:              Andrologia, (2008 Dec) Vol. 40, No. 6, pp. 381-6.
                     Journal code: 0423506. E-ISSN: 1439-0271. L-ISSN:
                     0303-4569.
PUB. COUNTRY:        Germany: Germany, Federal Republic of
DOCUMENT TYPE:       Journal; Article; (JOURNAL ARTICLE)
LANGUAGE:            English
FILE SEGMENT:        Priority Journals
ENTRY MONTH:         200901
ENTRY DATE:          Entered STN: 27 Nov 2008
                     Last Updated on STN: 23 Jan 2009
                     Entered Medline: 22 Jan 2009
AB   This work aimed to determine the incidence of sperm disomy in
     infertile men with idiopathic severe oligoasthenoteratozoospermia (OAT).
     Fifty male subjects were included in this study: 30 infertile
     men with idiopathic severe OAT and 20 healthy fertile men as controls.
     Semen analysis, hormonal assay (follicle-stimulating
     hormone, luteinising hormone and testosterone), scrotal ultrasound
     examination and fluorescent in situ hybridisation of their semen samples
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were performed to determine the disomy levels of chromosomes X and Y. There was a significant higher frequency for XX disomy and XY disomy in spermatozoa from severe OAT patients than that in controls. There was nonsignificant difference in the percentage of YY disomy between OAT cases and controls. XX, YY and XY disomy showed nonsignificant correlation with the age. Sperm concentration and sperm motility demonstrated significant negative correlation with XX and XY disomy. Sperm abnormal forms had significant negative correlation with XX and XY disomy. Nonsignificant correlation was demonstrated between YY disomy and semen parameters. XX disomy showed significant positive correlation with XY disomy and nonsignificant correlation with YY disomy. YY disomy showed nonsignificant correlation with XY disomy. It is concluded that sperm disomy in severe OAT is increased, which should be taken into account when undergoing micromanipulation.

L4 ANSWER 2 OF 2 MEDLINE on STN DUPLICATE 2
ACCESSION NUMBER: 2000174998 MEDLINE
DOCUMENT NUMBER: PubMed ID: 10711834
TITLE: Human male infertility: chromosome anomalies, meiotic disorders, abnormal spermatozoa and recurrent abortion.
AUTHOR: Egozcue S; Blanco J; Vendrell J M; Garcia F; Veiga A; Aran B; Barri P N; Vidal F; Egozcue J
CORPORATE SOURCE: Departament de Biologia Cellular, Universitat Autonoma de Barcelona, Bellaterra, Spain.
SOURCE: Human reproduction update, (2000 Jan-Feb) Vol. 6, No. 1, pp. 93-105. Ref: 146
Journal code: 9507614. ISSN: 1355-4786. L-ISSN: 1355-4786.
PUB. COUNTRY: ENGLAND: United Kingdom
DOCUMENT TYPE: (CASE REPORTS)
Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200004
ENTRY DATE: Entered STN: 27 Apr 2000
Last Updated on STN: 27 Apr 2000
Entered Medline: 19 Apr 2000

AB Human male infertility is often related to chromosome abnormalities. In chromosomally normal infertile males, the rates of chromosome 21 and sex chromosome disomy in spermatozoa are increased. Higher incidences of trisomy 21 (seldom of paternal origin) and sex chromosome aneuploidy are also found. XXY and XYY patients produce increased numbers of XY, XX and YY spermatozoa, indicating an increased risk of production of XXY, XYY and XXX individuals. Since XXYs can reproduce using intracytoplasmic sperm injection (ICSI), this could explain the slight increase of sex chromosome anomalies in ICSI series. Carriers of structural reorganizations produce unbalanced spermatozoa, and risk having children with duplications and/or deficiencies. In some cases, this risk is considerably lower or higher than average. These patients also show increased diploidy, and a higher risk of producing diandric triploids. Meiotic disorders are frequent in infertile males, and increase with severe oligoasthenozoospemia (OA) and/or high follicle stimulating hormone (FSH) concentrations. These patients produce spermatozoa with autosomal and sex chromosome disomies, and diploid spermatozoa. Their contribution to recurrent abortion depends on the production of trisomies, monosomies and of triploids. The most frequent sperm chromosome anomaly in infertile males is diploidy, originated by

either meiotic mutations or by a compromised testicular environment.

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=> logoff
ALL L# QUERIES AND ANSWER SETS ARE DELETED AT LOGOFF
LOGOFF? (Y)/N/HOLD:y

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     FILE 'MEDLINE, BIOSIS, CAPLUS, EMBASE' ENTERED AT 17:19:20 ON 05 MAY 2010
L1          403 SEA FILE=MFE SPE=ON  ABB=ON  PLU=ON  (XX OR YY) AND DISOMY
L2          230 SEA FILE=MFE SPE=ON  ABB=ON  PLU=ON  L1 AND MALE
L3            6 SEA FILE=MFE SPE=ON  ABB=ON  PLU=ON  L2 AND (FOLLICLE(W)
                STIMULATING(W) HORMONE OR FSH)
L4            2 DUP REM L3 (4 DUPLICATES REMOVED)
                DIS IBIB ABS L4 1-2
COST IN U.S. DOLLARS                          SINCE FILE      TOTAL
                                                 ENTRY    SESSION
FULL ESTIMATED COST                              22.81      23.03

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